

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936882

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10		1				
11		1				
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43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
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96						
97						
98						
99						
100						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	52					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS